

Attachments: The following attachments are adopted with and considered part of the Policy Statement for National School Lunch Program, School Breakfast Program, and/or Special Milk Program:

- Attachment A - Income Eligibility Guidelines for School Officials
- Attachment B1 - Parent Letter and Application for Pricing NSLP/SBP
- Attachment B2 - Parent Letter and Application for Non-pricing NSLP/SBP
- Attachment B3 - Parent Letter and Application for Pricing SMP
- Attachment C - Sample Notification Letter
- Attachment D - Prototype Roster for RCCIs only
- Attachment E - State Issued Public Release
- Attachment F - Verification and On-site Monitoring Plan

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ATTACHMENT A
INCOME ELIGIBILITY GUIDELINES
 (Effective from July 1, 2005 to June 30, 2006)

Below are the income scales to be used to determine applicant's eligibility for free or reduced price meals if the family is at or below the guideline.

	Annually	Annually	Monthly	Monthly	Every 2 weeks	Every 2 weeks	Twice a month	Twice a month	Weekly	Weekly
Household Size	Free	Reduced Price	Free	Reduced Price	Free	Reduced Price	Free	Reduced Price	Free	Reduced Price
1	12,441	17,705	1,037	1,476	479	681	519	738	240	341
2	16,679	23,736	1,390	1,978	642	913	695	989	321	457
3	20,917	29,767	1,744	2,481	805	1,145	872	1,241	403	573
4	25,155	35,798	2,097	2,984	968	1,377	1,049	1,492	484	689
5	29,393	41,829	2,450	3,486	1,131	1,609	1,225	1,743	566	805
6	33,631	47,860	2,803	3,989	1,294	1,841	1,402	1,995	647	921
7	37,869	53,891	3,156	4,491	1,457	2,073	1,578	2,246	729	1,037
8	42,107	59,922	3,509	4,994	1,620	2,305	1,755	2,497	810	1,153
For each additional family member, add	4,238	6,031	354	503	163	232	177	252	82	116

NOTE TO LOCAL AGENCY OFFICIALS:

When making a determination, the frequency of the current income should be compared to the respective scale above (weekly income should be compared to the weekly scale above). When income is from more than one frequency, each should be converted to monthly income and added together.

To convert weekly income to monthly income, multiply weekly income by 4.33.

To convert bi-weekly income to monthly income, multiply bi-weekly income by 2.15.

Instructions for farm/self-employed people are included in parent letter and the guidance for completing the application as well as memo. The agency should verify any questionable applications.

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ATTACHMENT B1**PRICING NATIONAL SCHOOL LUNCH PROGRAM/SCHOOL BREAKFAST PROGRAM
HOUSEHOLD LETTER, INCOME GUIDELINES, APPLICATION, AND INSTRUCTIONS**

Pages A-5 through A-8 are to be used for programs that do charge for lunches, breakfasts and /or snacks. Only the reduced income scale may be used in the letter for meal benefit applications.

LEAs must use household applications rather than gathering applications from individual children or by school/attendance center.

Some changes the school/center can make that do not require advance approval:

- Add in the school's/center's meal prices.
- List different reduced price, if less than the listed price.
- Add in the contact for questions/fair hearing.
- Remove the words: name, phone number, address, and signature when you put information in those blanks.
- Add meal times or other information about the program.
- Delete references to breakfast and snack if these meals are not offered.
- Change the notification section to specify how the family will be notified. Remember that denials must always be sent in writing (See Attachment C).
- Add a separate cover letter explaining the local school's/center's prices, times, charging policies, etc.
- Remove foreign language instructions at the end of the letter. Letters and applications are available from Child & Adult Nutrition Services in several languages.

Child and Adult Nutrition Services staff must approve any other changes prior to applications being distributed.

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PRICING PROGRAMS - PROTOTYPE LETTER TO HOUSEHOLDS

Dear Parent/Guardian:

The _____ school/center offers healthy meals every day that it's open. Breakfast costs \$ _____; lunch costs \$ _____ and snacks for after school programs cost \$ _____. Children may qualify for free meals or for reduced price meals. Reduced price is \$.30 for breakfast, \$.40 for lunch, and \$.15 for snack.

To apply for free or reduced price meals, use the Free and Reduced Price School Meals Application, which is enclosed. We cannot approve an application that is not complete, so be sure to fill out all required information. **Return the completed application to: name _____, address _____, phone number _____.**

Here are answers to questions you may have about applying:

- 1. Who can get free or reduced price meals?** Children in households getting Food Stamps, TANF, or benefits from the Food Distribution Program on Indian Reservations (FDPIR) and most foster children can get free meals regardless of your income. Also, if your household income is within the limits on the Income Guidelines chart, children can get free or reduced price meals. If you received a letter from Social Services or an Interagency Notification from the commodity warehouse, turn that into the school/ center instead of filling out an application. If you didn't receive an FDPIR Notification, you can ask for one from the certifier.
- 2. Do I need to fill out an application for each child?** No. Complete the application to apply for free or reduced price meals. Use one Free and Reduced Price School Meals Application for all students in your household. We cannot approve an application that is not complete, so be sure to fill out all required information.
- 3. Can homeless, runaway and migrant children get free meals?** Please call the school, homeless liaison or migrant coordinator to see if your child(ren) qualify, if you have not been informed that they will get free meals.
- 4. I get WIC. Can my child(ren) get free meals?** Children in households participating in WIC may be eligible for free or reduced price meals. Please fill out an application.
- 5. We are in the military, do we include our housing allowance as income?** If your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income. All other allowances must be included in your gross income.
- 6. Will the information I give be checked?** Yes, we may ask you to send written proof of the information you give.
- 7. If I don't qualify now, may I apply again later?** Yes. You may apply at any time during the year if your household size goes up, income goes down, or if you start getting Food Stamps, FDPIR, or TANF. If you lose your job, children may be able to get free or reduced price meals during the time you are unemployed.
- 8. What if I do not agree with the school/center's decision about my application?** You should talk to school/center officials by calling _____. You may also ask for a hearing by calling or writing to: **name _____, address _____, phone number _____.**
- 9. Will you tell anyone else about the information on my form?** We will use the information on your form to decide if your children should get free or reduced price meals. We may inform officials associated with other child nutrition, health and education programs of the information on your form to determine benefits for those programs or for funding and/or evaluation purposes.
- 10. How will I be notified?** You will be notified whether you are approved or denied when the approval process is complete.
- 11. What if my child needs special foods?** The school/center will make substitutions to the regular meal pattern for children whose disability restricts their diet when a physician certifies that disability. The staff may choose to make substitutions for individual children who do not have a disability, but who cannot eat a food item due to medical or other special dietary needs that are supported by a certified medical authority. These cases will be handled on a case by case basis. Please call the school/center food service department for further information to request the special diet.

If you have other questions or need help, call **phone number** _____.

Si necesita ayuda, por favor llame al teléfono: **phone number** _____.

Si vous voudriez d'aide, contactez nous au numero: **phone number** _____.

Sincerely,

[signature]

INCOME GUIDELINES

(Effective July 1, 2005 through June 30, 2006)

Participants may qualify for free or reduced price meals if your household income is at or below the limits on this chart.

Household Size	Yearly	Monthly	Weekly
1	\$17,705	\$1,476	\$341
2	\$23,736	\$1,978	\$457
3	\$29,767	\$2,481	\$573
4	\$35,798	\$2,984	\$689
5	\$41,829	\$3,486	\$805
6	\$47,860	\$3,989	\$921
7	\$53,891	\$4,491	\$1,037
8	\$59,922	\$4,994	\$1,153
For each additional family member, add	6,031	\$503	\$116

Look at the Income Guidelines chart. Find your household size. HOUSEHOLD is: All persons, including parents, children, college students, grandparents, and all people related or unrelated who live in your home and share living expenses. Find your total household income. TOTAL HOUSEHOLD INCOME is: The income each household member got last month before taxes. This includes wages, social security, pension, unemployment, welfare child support, alimony, and any other cash income. In certain cases, foster children are eligible for free and reduced price meals regardless of your income. If you have foster children living with you, look at Part 2 on the application. If you have more questions about applying for them, please contact us.

DETERMINING INCOME

To figure monthly income: Weekly x 4.33; Every 2 weeks x 2.15; Twice a month x 2; yearly ÷ 12

To figure monthly income for farm/self-employed: The information to figure income from private business operation is to be taken from your U.S. Individual Income Tax Return – Form 1040. Write the numbers from the corresponding tax form lines in the spaces below. Divide the total by 12 and write it on the application in the earnings column as monthly, or list the whole amount as yearly. If it is a negative number, write it as zero on the application. All other income on lines 7 through 22 of the tax form must be listed separately for the person who earned it. Net loss carryover cannot be used to decrease the family income.

Proprietorship Income	Farm Income	Partnership Income
Line 12 \$ _____	Line 13 \$ _____	Line 13 \$ _____
Line 13 \$ _____	Line 14 \$ _____	Line 14 \$ _____
Line 14 \$ _____	Line 17 \$ _____	Line 17 \$ _____
TOTAL \$ _____	Line 18 \$ _____	TOTAL \$ _____
	TOTAL \$ _____	

INCOME TO REPORT

Earnings from Work

Wages/salaries/tips
Strike benefits
Unemployment compensation
Worker's compensation
Net income from self-owned business, day care business or farm

Children's Income

Do not include income from a child's occasional work such as lawn mowing, babysitting, cleaning walks, etc. A child's income from regularly scheduled jobs must be included.

Pensions/Retirement/Social Security

Pensions
Supplemental Security Income
Veteran's payments
Social Security

Welfare/Child Support/Alimony

Public assistance payments
Alimony/child support payments

Other Monthly Income/Self-employment

Disability benefits
Cash withdrawn from savings
Interest/dividends
Income from estates/trusts/investments
Regular contributions from persons not living in the same household
Net royalties/annuities/net rental income
Military allowance for off-base housing
Any other income

APPLICATION FOR FREE AND REDUCED PRICE MEALS☐ New Applicant

(For complete instructions, refer to next page.)

☐ Previous Applicant

To apply for free or reduced price meals, fill out this application and sign your name. Complete a separate application for each foster child.

Part 1A.

Child's Name	School or Center	Grade	Age	Child's Name	School or Center	Grade	Age
1. _____	_____	_____	_____	4. _____	_____	_____	_____
2. _____	_____	_____	_____	5. _____	_____	_____	_____
3. _____	_____	_____	_____	6. _____	_____	_____	_____

Part 1B. Households receiving Food Stamps (FS), temporary assistance for needy families (TANF), or Food Distribution Program on Indian Reservations (commodities)(FDPPIR): If your family is NOW receiving Food Stamps, TANF, FDPPIR for all of the above named children, list the CASE NUMBER. Fill out Sections 1, 2 and 4. If all of the above named children do not receive these benefits, you must also complete Sections 3 and 4. The application MUST have the signature of an adult.

Food Stamp Case Number: _____ TANF Case Number: _____ FDPPIR Case Number: _____

Part 2. Is this child a Foster Child?

If this application is for a child who is the legal responsibility of a welfare agency or court, list the amount of the child's personal use monthly income: \$ _____. Skip to Part 4.

Part 2 A. If the child you are applying for is homeless, migrant, or a runaway check the appropriate box and call [your school, homeless liaison, migrant coordinator at phone # _____. Homeless ☐ Migrant ☐ Runaway ☐

Part 3. Total Household Income from Last Month—You must tell us how much and how often

A. Name (List everyone in household)	B. Last month's income and how often it was received Example: \$100/month \$100/twice a month \$100/every other week \$100/weekly				C. Check if NO income
(Example) Jane Smith	Earnings from work before deductions \$200/weekly _____	Welfare, child support, alimony \$150/weekly _____	Pensions, retirement, Social Security \$100/weekly _____	Farm/Other \$ _____ / _____	<input type="checkbox"/>
_____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
_____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
_____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
_____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
_____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
_____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
_____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>

Part 4. Signature and Social Security Number (Adult must sign)

An adult household member must sign the application. If Part 3 is completed, the adult signing the form must also list his or her Social Security Number or mark the "I do not have a Social Security Number" box. (See Privacy Act Statement on the back of this page.)

I certify (promise) that all information on this application is true and that all income is reported. I understand that the school will get Federal funds based on the information I give. I understand that school officials may verify (check) the information. I understand that if I purposely give false information, the children may lose meal benefits, and I may be prosecuted.

Sign here: X _____

Social Security Number: _____ - _____ - _____ ☐ I do not have a Social Security Number

Printed Name: _____ Home Phone: _____ Work Phone: _____

Home Address: _____ Mailing Address: _____

City: _____ State: _____ Zip Code: _____ Date: _____

FOR SCHOOL/CENTER USE ONLYFood Stamp / FDPPIR / TANF or other eligible program household categorically eligible free: ☐ Yes ☐ No

Total monthly income: _____

Eligibility Classification: ☐ Free ☐ Reduced Price ☐ PaidNot Eligible: ☐ Over income ☐ Incomplete information

Household size: _____

Temporary Eligibility: ☐ Free ☐ Reduced Price Until: _____

Date Notification Sent: _____ Change in Status Date: _____ Date Withdrawn: _____

Signature of Determining Official: _____ Date: _____

INSTRUCTIONS FOR APPLYING

Use a separate application for each foster child. List other children together.

If your household gets FOOD STAMPS, FDPIR, OR TANF for all of the children listed, follow these instructions:

Part 1A: List each child's name, school/center, age and/or grade.,

Part 1B: List the Food Stamp, FDPIR, and/or TANF case number.

Part 2: Skip this part.

Part 3: Skip this part.

Part 4: Sign the form. A Social Security Number is not necessary.

If you are applying for a FOSTER CHILD, follow these instructions:

Part 1A: List each child's name, school/center, age and/or grade.,

Part 1B: Skip this part.

Part 2: List the child's personal use monthly income, if any.

Part 3: Skip this part.

Part 4: Sign the form. A Social Security Number is not necessary.

Part 2A. If you are applying for a homeless, migrant, or a runaway check the appropriate box and call [your school, homeless liaison, or migrant coordinator].

ALL OTHER HOUSEHOLDS and for children the household does not get benefits for, follow these instructions:

Part 1A: List each child's name, school/center, age and/or grade.,

Part 2: Skip this part.

Part 3: Follow these instructions to report total household income from last month.

Column A–Name: List the first and last name of **each** person living in your household, related or not (such as grandparents, other relatives, or friends). You must include yourself and all children. College students away at school may still be part of the household in some circumstances. If the student is counted in the household that student's income must also be included. Attach another sheet of paper if you need to.

Column B–Last month's income and how often it was received: List the types of income your household got last month and how often you got them. *Employment income:* List the **gross income** each person earned last month. It is not the same as take home pay. **Gross income is the amount earned before taxes and deductions.** It should be listed on your pay stub, or your boss can tell you. Next to the amount, write how often you got it (weekly, every other week, twice a month, or monthly). *Other Income:* List the total amount each person got last month from **all other sources**. Include welfare, child support, alimony, pensions, retirement, Social Security, Worker's Compensation, unemployment, strike benefits, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), disability benefits, regular contributions from people who do not live in your household, and ANY OTHER INCOME. See sample below. For farm income, see the example on the back of the application. Next to the amount, write how often the person got it.

Column C–Check if no income: If the person does not have any income, check the box.

Part 4: An adult household member must sign the form and list his or her Social Security Number, or mark the box if he or she doesn't have one.

Part 3. Total Household Income from Last Month—You must tell us how much and how often

1. Name (List everyone in household)	2. Last month's income and how often it was received <i>Example: \$100/monthly \$100/twice a month \$100/every other week \$100/weekly</i>	3. Check if NO income
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Non-discrimination Statement: This explains what to do if you believe you have been treated unfairly. In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write to *USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington DC 20250-9410* or call 202-720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.

Privacy Act Statement: This explains how we will use the information you give us.

The National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve children for free or reduced price meals. The Social Security Number of the adult household member who signs the application is required unless you list Food Stamp, FDPIR, or TANF case numbers for all children you are applying for, OR if you are applying for a foster child. You must check the "I do not have a Social Security Number" box if the adult household member signing the application does not have a Social Security Number. We WILL use your information to see if children are eligible for free or reduced price meals, to run the program, and to enforce the rules of the program. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into misuse of program rules. **CONFIDENTIALITY:** Section 9 (b) (2) (C) (iii) of the National School Lunch Act, as amended by section 108 of Public Law 101-448, authorizes release of free and reduced price school meal eligibility status for certain programs, such as Title I, administered by the South Dakota Department of Education.

ATTACHMENT B2**NON-PRICING NATIONAL SCHOOL LUNCH PROGRAM/SCHOOL BREAKFAST PROGRAM
HOUSEHOLD LETTER, INCOME GUIDELINES, APPLICATION, AND INSTRUCTIONS**

Pages A-9 through A-12 are to be used for programs that do not charge for lunches and/or breakfasts. Only the reduced income scale may be used in the letter for meal benefit applications.

Some changes the school/center can make that do not require advance approval:

- Remove the words: name, phone number, address, and signature when you put information in those blanks.
- Add meal times or other information about the program.
- Delete references to breakfast and snack if these meals are not offered.
- Add a separate cover letter explaining the local school's/center's times, policies, etc.
- Remove foreign language instructions at the end of the letter. Letters and applications are available from Child & Adult Nutrition Services in several languages.

Child and Adult Nutrition Services staff must approve any other changes prior to applications being distributed.

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NON-PRICING PROGRAMS - PROTOTYPE LETTER TO HOUSEHOLDS

Dear Parent/Guardian:

The _____ school/center offers healthy meals every day that it's open. The school/center can get money for meals served when they can document the size and income of households with enrolled children.

To show eligibility for free or reduced price meals, use the Free and Reduced Price School Meals Application, which is enclosed. We cannot approve an application that is not complete, so be sure to fill out all required information. **Return the completed application to: name _____, address _____, phone number _____.**

Here are answers to questions you may have about applying:

1. **Who can get free or reduced price meals?** Children in households getting Food Stamps, TANF, or benefits from the Food Distribution Program on Indian Reservations (FDPIR) and most foster children can get free meals regardless of your income. Also, if your household income is within the limits on the Income Guidelines chart, children can get free or reduced price meals. If you received a letter from Social Services or an Interagency Notification from the commodity warehouse, turn that into the school/ center instead of filling out an application. If you didn't receive an FDPIR Notification, you can ask for one from the certifier.
2. **Do I need to fill out an application for each child?** No. Complete the application to apply for free or reduced price meals. Use one Free and Reduced Price School Meals Application for all students in your household. We cannot approve an application that is not complete, so be sure to fill out all required information.
3. **Can homeless, runaway and migrant children get free meals?** Please call the school, homeless liaison or migrant coordinator to see if your child(ren) qualify, if you have not been informed that they will get free meals.
4. **I get WIC. Can my child(ren) get free meals?** Children in households participating in WIC may be eligible for free or reduced price meals. Please fill out an application.
5. **We are in the military, do we include our housing allowance as income?** If your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income. All other allowances must be included in your gross income.
6. **Will the information I give be checked?** Yes, we may ask you to send written proof of the information you give.
7. **If I don't qualify now, may I apply again later?** Yes. You may apply at any time during the year if your household size goes up, income goes down, or if you start getting Food Stamps, FDPIR, or TANF. If you lose your job, children may be able to get free or reduced price meals during the time you are unemployed.
8. **What if I do not agree with the school/center's decision about my application?** You should talk to school/center officials by calling _____. You may also ask for a hearing by calling or writing to: **name _____, address _____, phone number _____.**
9. **Will you tell anyone else about the information on my form?** We will use the information on your form to decide if your children should get free or reduced price meals. We may inform officials associated with other child nutrition, health and education programs of the information on your form to determine benefits for those programs or for funding and/or evaluation purposes.
10. **How will I be notified?** You will be notified whether you are approved or denied when the approval process is complete.
11. **What if my child needs special foods?** The school/center will make substitutions to the regular meal pattern for children whose disability restricts their diet when a physician certifies that disability. The staff may choose to make substitutions for individual children who do not have a disability, but who cannot eat a food item due to medical or other special dietary needs that are supported by a certified medical authority. These cases will be handled on a case by case basis. Please call the school/center food service department for further information to request the special diet.

If you have other questions or need help, call **phone number** _____.

Si necesita ayuda, por favor llame al teléfono: **phone number** _____.

Si vous voudriez d'aide, contactez nous au numero: **phone number** _____.

Sincerely,

[signature]

INCOME GUIDELINES

(Effective July 1, 2005 through June 30, 2006)

Participants may qualify for free or reduced price meals if your household income is at or below the limits on this chart.

Household Size	Yearly	Monthly	Weekly
1	\$17,705	\$1,476	\$341
2	\$23,736	\$1,978	\$457
3	\$29,767	\$2,481	\$573
4	\$35,798	\$2,984	\$689
5	\$41,829	\$3,486	\$805
6	\$47,860	\$3,989	\$921
7	\$53,891	\$4,491	\$1,037
8	\$59,922	\$4,994	\$1,153
For each additional family member, add	6,031	\$503	\$116

Look at the Income Guidelines chart. Find your household size. HOUSEHOLD is: All persons, including parents, children, grandparents, and all people related or unrelated who live in your home and share living expenses. Find your total household income. TOTAL HOUSEHOLD INCOME is: The income each household member got last month before taxes. This includes wages, social security, pension, unemployment, welfare child support, alimony, and any other cash income. In certain cases, foster children are eligible for free and reduced price meals regardless of your income. If you have foster children living with you and want to apply for them, please contact us.

DETERMINING INCOME

To figure monthly income: Weekly x 4.33; Every 2 weeks x 2.15; Twice a month x 2; yearly ÷ 12

To figure monthly income for farm/self-employed: The information to figure income from private business operation is to be taken from your U.S. Individual Income Tax Return – Form 1040. Write the numbers from the corresponding tax form lines in the spaces below. Divide the total by 12 and write it on the application in the monthly earnings column. If it is a negative number, write it as zero on the application. All other income on lines 7 through 22 of the tax form must be listed separately for the person who earned it. Net loss carryover cannot be used to decrease the family income.

<u>Proprietorship Income</u>	<u>Farm Income</u>	<u>Partnership Income</u>
Line 12 \$ _____	Line 13 \$ _____	Line 13 \$ _____
Line 13 \$ _____	Line 14 \$ _____	Line 14 \$ _____
Line 14 \$ _____	Line 17 \$ _____	Line 17 \$ _____
TOTAL \$ _____	Line 18 \$ _____	TOTAL \$ _____
	TOTAL \$ _____	

INCOME TO REPORT

Earnings from Work

Wages/salaries/tips
Strike benefits
Unemployment compensation
Worker's compensation
Net income from self-owned business,
day care business or farm

Children's Income

Do not include income from a child's occasional work such as lawn mowing, babysitting, cleaning walks, etc. A child's income from regularly scheduled jobs must be included.

Pensions/Retirement/Social Security

Pensions
Supplemental Security Income
Veteran's payments
Social Security

Welfare/Child Support/Alimony

Public assistance payments
Alimony/child support payments

Other Monthly Income/Self-employment

Disability benefits
Cash withdrawn from savings
Interest/dividends
Income from estates/trusts/investments
Regular contributions from persons not living
in the same household
Net royalties/annuities/net rental income
Military allowance for off-base housing
Any other income

APPLICATION FOR FREE AND REDUCED PRICE MEALS

(For complete instructions, refer to next page.)

☐ New Applicant☐ Previous Applicant

To apply for free or reduced price meals, fill out this application and sign your name. Complete a separate application for each foster child.

Part 1A.

Child's Name	School or Center	Grade	Age	Child's Name	School or Center	Grade	Age
1. _____	_____	_____	_____	4. _____	_____	_____	_____
2. _____	_____	_____	_____	5. _____	_____	_____	_____
3. _____	_____	_____	_____	6. _____	_____	_____	_____

Part 1B. Households receiving Food Stamps (FS), temporary assistance for needy families (TANF), or Food Distribution Program on Indian Reservations (commodities)(FDPPIR): If your family is NOW receiving Food Stamps, TANF, FDPPIR for all of the above named children, list the CASE NUMBER. Fill out Sections 1, 2 and 4. If all of the above named children do not receive these benefits, you must also complete Sections 3 and 4. The application MUST have the signature of an adult.

Food Stamp Case Number: _____ TANF Case Number: _____ FDPPIR Case Number: _____

Part 2. Is this child a Foster Child?

If this application is for a child who is the legal responsibility of a welfare agency or court, list the amount of the child's personal use monthly income: \$ _____. Skip to Part 4.

Part 2 A. If the child you are applying for is homeless, migrant, or a runaway check the appropriate box and call [your school, homeless liaison, migrant coordinator at phone # _____. Homeless ☐ Migrant ☐ Runaway ☐

Part 3. Total Household Income from Last Month—You must tell us how much and how often

A. Name (List everyone in household)	B. Last month's income and how often it was received <i>Example: \$100/month \$100/twice a month \$100/every other week \$100/weekly</i>				C. Check if NO income
(Example) Jane Smith	Earnings from work before deductions \$200/weekly _____	Welfare, child support, alimony \$150/weekly _____	Pensions, retirement, Social Security \$100/weekly _____	Farm/Other \$ _____ / _____	<input type="checkbox"/>
_____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
_____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
_____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
_____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
_____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
_____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
_____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>

Part 4. Signature and Social Security Number (Adult must sign)

An adult household member must sign the application. If Part 3 is completed, the adult signing the form must also list his or her Social Security Number or mark the "I do not have a Social Security Number" box. (See Privacy Act Statement on the back of this page.)

I certify (promise) that all information on this application is true and that all income is reported. I understand that the school will get Federal funds based on the information I give. I understand that school officials may verify (check) the information. I understand that if I purposely give false information, the children may lose meal benefits, and I may be prosecuted.

Sign here: X _____

Social Security Number: _____ - _____ - _____ ☐ I do not have a Social Security Number

Printed Name: _____ Home Phone: _____ Work Phone: _____

Home Address: _____ Mailing Address: _____

City: _____ State: _____ Zip Code: _____ Date: _____

FOR SCHOOL/CENTER USE ONLYFood Stamp / FDPPIR / TANF or other eligible program household categorically eligible free: ☐ Yes ☐ No

Total monthly income: _____

Eligibility Classification: ☐ Free ☐ Reduced Price ☐ Paid

Household size: _____

Not Eligible: ☐ Over income ☐ Incomplete informationTemporary Eligibility: ☐ Free ☐ Reduced Price Until: _____

Date Notification Sent: _____ Change in Status Date: _____ Date Withdrawn: _____

Signature of Determining Official: _____ Date: _____

INSTRUCTIONS FOR APPLYING

Use a separate application for each foster child. List other children together.

If your household gets FOOD STAMPS, FDPIR, OR TANF for all of the children listed, follow these instructions:

Part 1A: List each child's name, school/center, age and/or grade.,

Part 1B: List the Food Stamp, FDPIR, and/or TANF case number.

Part 2: Skip this part.

Part 3: Skip this part.

Part 4: Sign the form. A Social Security Number is not necessary.

If you are applying for a FOSTER CHILD, follow these instructions:

Part 1A: List each child's name, school/center, age and/or grade.,

Part 1B: Skip this part.

Part 2: List the child's personal use monthly income, if any.

Part 3: Skip this part.

Part 4: Sign the form. A Social Security Number is not necessary.

Part 2A. If you are applying for a homeless, migrant, or a runaway check the appropriate box and call [your school, homeless liaison, or migrant coordinator].

ALL OTHER HOUSEHOLDS and for children the household does not get benefits for, follow these instructions:

Part 1A: List each child's name, school/center, age and/or grade.,

Part 2: Skip this part.

Part 3: Follow these instructions to report total household income from last month.

Column A—Name: List the first and last name of **each** person living in your household, related or not (such as grandparents, other relatives, or friends). You must include yourself and all children. College students away at school may still be part of the household in some circumstances. If the student is counted in the household that student's income must also be included. Attach another sheet of paper if you need to.

Column B—Last month's income and how often it was received: List the types of income your household got last month and how often you got them. *Employment income:* List the **gross income** each person earned last month. It is not the same as take home pay. **Gross income is the amount earned before taxes and deductions.** It should be listed on your pay stub, or your boss can tell you. Next to the amount, write how often you got it (weekly, every other week, twice a month, or monthly). *Other Income:* List the total amount each person got last month from **all other sources**. Include welfare, child support, alimony, pensions, retirement, Social Security, Worker's Compensation, unemployment, strike benefits, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), disability benefits, regular contributions from people who do not live in your household, and ANY OTHER INCOME. See sample below. For farm income, see the example on the back of the application. Next to the amount, write how often the person got it.

Column C—Check if no income: If the person does not have any income, check the box.

Part 4: An adult household member must sign the form and list his or her Social Security Number, or mark the box if he or she doesn't have one.

Part 3. Total Household Income from Last Month—You must tell us how much and how often

1. Name (List everyone in household)	2. Last month's income and how often it was received <i>Example: \$100/monthly \$100/twice a month \$100/every other week \$100/weekly</i>	3. Check if NO income
---	---	------------------------------------

Non-discrimination Statement: This explains what to do if you believe you have been treated unfairly. In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write to *USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington DC 20250-9410* or call 202-720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.

Privacy Act Statement: This explains how we will use the information you give us.

The National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve children for free or reduced price meals. The Social Security Number of the adult household member who signs the application is required unless you list Food Stamp, FDPIR, or TANF case numbers for all children you are applying for, OR if you are applying for a foster child. You must check the "I do not have a Social Security Number" box if the adult household member signing the application does not have a Social Security Number. We WILL use your information to see if children are eligible for free or reduced price meals, to run the program, and to enforce the rules of the program. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into misuse of program rules. **CONFIDENTIALITY:** Section 9 (b) (2) (C) (iii) of the National School Lunch Act, as amended by section 108 of Public Law 101-448, authorizes release of free and reduced price school meal eligibility status for certain programs, such as Title I, administered by the South Dakota Department of Education.

ATTACHMENT B3**PRICING SPECIAL MILK PROGRAM****HOUSEHOLD LETTER, INCOME GUIDELINES, APPLICATION, AND INSTRUCTIONS**

Pages A-17 through A-20 are only needed for Special Milk Programs for split-session kindergarten or for schools with no meals and which accept applications for free milk. If the SFA does not charge for the milk or charges all children the same amount for milk, it is not necessary to obtain applications for free milk. Only the free income scale may be used in the letter for milk applications.

Some changes the school/center can make that do not require advance approval:

- Add in the school's/center's milk prices.
- Add in the contact for questions/fair hearing.
- Remove the words: name, phone number, address, and signature when you put information in those blanks.
- Add milk times or other information about the program.
- Change the notification section to specify how the family will be notified. Remember that denials must always be sent in writing (See Attachment C).
- Add a separate cover letter explaining the local school's/center's prices, times, charging policies, etc.
- Remove foreign language instructions at the end of the letter. Letters and applications are available from Child & Adult Nutrition Services in several languages.

Child and Adult Nutrition Services staff must approve any other changes prior to applications being distributed.

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PROTOTYPE LETTER TO HOUSEHOLDS FOR SPECIAL MILK PROGRAM

Dear Parent/Guardian:

This letter tells how your child can get free milk at school. Milk costs \$ _____ per half-pint and is offered _____ times per day. Children may qualify for free milk.

To apply for free milk, use the Application Form that is enclosed. We cannot approve an application that is not complete, so be sure to fill out all required information. **Return the completed application to: name _____, address _____, phone number _____.**

Here are answers to questions you may have about applying:

1. Who can get free or reduced price milk? Children in households getting Food Stamps, TANF, or benefits from the Food Distribution Program on Indian Reservations (FDPIR) and most foster children can get free milk regardless of your income. Also, if your household income is within the limits on the Income Guidelines chart, children can get free or reduced price milk. If you received a letter from Social Services or an Interagency Notification from the commodity warehouse, turn that into the school/center instead of filling out an application. If you didn't receive an FDPIR Notification, you can ask for one from the certifier.

2. Do I need to fill out an application for each child? No. Complete the application to apply for free or reduced price milk. Use one Free and Reduced Price School Milk Application for all students in your household. We cannot approve an application that is not complete, so be sure to fill out all required information.

3. Can homeless, runaway and migrant children get free milk? Please call the school, homeless liaison or migrant coordinator to see if your child(ren) qualify, if you have not been informed that they will get free milk.

4. I get WIC. Can my child(ren) get free milk? Children in households participating in WIC may be eligible for free or reduced price milk. Please fill out an application.

5. We are in the military, do we include our housing allowance as income? If your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income. All other allowances must be included in your gross income.

6. Will the information I give be checked? Yes, we may ask you to send written proof of the information you give.

7. If I don't qualify now, may I apply again later? Yes. You may apply at any time during the year if your household size goes up, income goes down, or if you start getting Food Stamps, FDPIR, or TANF. If you lose your job, children may be able to get free or reduced price milk during the time you are unemployed.

8. What if I do not agree with the school/center's decision about my application? You should talk to school/center officials by calling _____. You may also ask for a hearing by calling or writing to: **name _____, address _____, phone number _____.**

9. Will you tell anyone else about the information on my form? We will use the information on your form to decide if your children should get free or reduced price milk. We may inform officials associated with other child nutrition, health and education programs of the information on your form to determine benefits for those programs or for funding and/or evaluation purposes.

10. How will I be notified? You will be notified whether you are approved or denied when the approval process is complete.

11. What if my child needs special foods? The school/center will make substitutions to the regular meal pattern for children whose disability restricts their diet when a physician certifies that disability. The staff may choose to make substitutions for individual children who do not have a disability, but who cannot eat a food item due to medical or other special dietary needs that are supported by a certified medical authority. These cases will be handled on a case by case basis. Please call the school/center food service department for further information to request the special diet.

If you have other questions or need help, call **phone number** _____.

Si necesita ayuda, por favor llame al teléfono: **phone number** _____.

Si vous voudriez d'aide, contactez nous au numero: **phone number** _____.

Sincerely,

[signature]

INCOME GUIDELINES
(Effective July 1, 2005 through June 30, 2006)

Children may qualify for free milk if your household income is at or below the limits on this chart.

Household Size	Yearly	Monthly	Weekly
1	\$12,441	\$1,037	\$240
2	\$16,679	\$1,390	\$321
3	\$20,917	\$1,744	\$403
4	\$25,155	\$2,097	\$484
5	\$29,393	\$2,450	\$566
6	\$33,631	\$2,803	\$647
7	\$37,869	\$3,156	\$729
8	\$42,107	\$3,509	\$810
For each additional family member, add	\$4,238	\$354	\$82

Look at the Income Guidelines chart. Find your household size. HOUSEHOLD is: All persons, including parents, children, grandparents, and all people related or unrelated who live in your home and share living expenses. Find your total household income. TOTAL HOUSEHOLD INCOME is: The income each household member got last month before taxes. This includes wages, social security, pension, unemployment, welfare child support, alimony, and any other cash income. In certain cases, foster children are eligible for free milk regardless of your income. If you have foster children living with you, look at Part 2 on the application. If you have more questions about applying for them, please contact us.

DETERMINING INCOME

To figure monthly income: Weekly x 4.33; Every 2 weeks x 2.15; Twice a month x 2; yearly ÷ 12

To figure monthly income for farm/self-employed: The information to figure income from private business operation is to be taken from your U.S. Individual Income Tax Return – Form 1040. Write the numbers from the corresponding tax form lines in the spaces below. Divide the total by 12 and write it on the application in the monthly earnings column. If it is a negative number, write it as zero on the application. All other income on lines 7 through 22 of the tax form must be listed separately for the person who earned it. Net loss carryover cannot be used to decrease the family income.

<u>Proprietorship Income</u>	<u>Farm Income</u>	<u>Partnership Income</u>
Line 12 \$ _____	Line 13 \$ _____	Line 13 \$ _____
Line 13 \$ _____	Line 14 \$ _____	Line 14 \$ _____
Line 14 \$ _____	Line 17 \$ _____	Line 17 \$ _____
TOTAL \$ _____	Line 18 \$ _____	TOTAL \$ _____
	TOTAL \$ _____	

INCOME TO REPORT

Earnings from Work

Wages/salaries/tips
Strike benefits
Unemployment compensation
Worker's compensation
Net income from self-owned business, day care business or farm

Children's Income

Do not include income from a child's occasional work such as lawn mowing, babysitting, cleaning walks, etc. A child's income from regularly scheduled jobs must be included.

Pensions/Retirement/Social Security

Pensions
Supplemental Security Income
Veteran's payments
Social Security

Welfare/Child Support/Alimony

Public assistance payments
Alimony/child support payments

Other Monthly Income/Self-employment

Disability benefits
Cash withdrawn from savings
Interest/dividends
Income from estates/trusts/investments
Regular contributions from persons not living in the same household
Net royalties/annuities/net rental income
Military allowance for off-base housing
Any other income

APPLICATION FOR FREE MILK

(For complete instructions, refer to next page.)

☐ New Applicant☐ Previous Applicant

To apply for free or reduced price meals, fill out this application and sign your name. Complete a separate application for each foster child.

Part 1A.

Child's Name	School or Center	Grade	Age	Child's Name	School or Center	Grade	Age
1. _____	_____	_____	_____	4. _____	_____	_____	_____
2. _____	_____	_____	_____	5. _____	_____	_____	_____
3. _____	_____	_____	_____	6. _____	_____	_____	_____

Part 1B. Households receiving Food Stamps (FS), temporary assistance for needy families (TANF), or Food Distribution Program on Indian Reservations (commodities)(FDPIR): If your family is NOW receiving Food Stamps, TANF, FDPIR for all of the above named children, list the CASE NUMBER. Fill out Sections 1, 2 and 4. If all of the above named children do not receive these benefits, you must also complete Sections 3 and 4. The application MUST have the signature of an adult.

Food Stamp Case Number: _____ TANF Case Number: _____ FDPIR Case Number: _____

Part 2. Is this child a Foster Child?

If this application is for a child who is the legal responsibility of a welfare agency or court, list the amount of the child's personal use monthly income: \$ _____. Skip to Part 4.

Part 2 A. If the child you are applying for is homeless, migrant, or a runaway check the appropriate box and call [your school, homeless liaison, migrant coordinator at phone # _____. Homeless ☐ Migrant ☐ Runaway ☐

Part 3. Total Household Income from Last Month—You must tell us how much and how often

A. Name (List everyone in household)	B. Last month's income and how often it was received Example: \$100/month \$100/twice a month \$100/every other week \$100/weekly				C. Check if NO income
(Example) Jane Smith	Earnings from work before deductions \$200/weekly _____	Welfare, child support, alimony \$150/weekly _____	Pensions, retirement, Social Security \$100/weekly _____	Farm/Other \$ _____ / _____	<input type="checkbox"/>
_____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
_____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
_____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
_____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
_____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
_____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
_____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>

Part 4. Signature and Social Security Number (Adult must sign)

An adult household member must sign the application. If Part 3 is completed, the adult signing the form must also list his or her Social Security Number or mark the "I do not have a Social Security Number" box. (See Privacy Act Statement on the back of this page.)

I certify (promise) that all information on this application is true and that all income is reported. I understand that the school will get Federal funds based on the information I give. I understand that school officials may verify (check) the information. I understand that if I purposely give false information, the children may lose meal benefits, and I may be prosecuted.

Sign here: X _____

Social Security Number: _____ - _____ - _____ ☐ I do not have a Social Security Number

Printed Name: _____ Home Phone: _____ Work Phone: _____

Home Address: _____ Mailing Address: _____

City: _____ State: _____ Zip Code: _____ Date: _____

FOR SCHOOL/CENTER USE ONLYFood Stamp / FDPIR / TANF or other eligible program household categorically eligible free: ☐ Yes ☐ No

Total monthly income: _____

Eligibility Classification: ☐ Free ☐ Paid

Household size: _____

Not Eligible: ☐ Over income ☐ Incomplete informationTemporary Eligibility: ☐ Free ☐ Reduced Price Until: _____

Date Notification Sent: _____ Change in Status Date: _____ Date Withdrawn: _____

Signature of Determining Official: _____ Date: _____

INSTRUCTIONS FOR APPLYING

Use a separate application for each foster child. List other children together.

If your household gets FOOD STAMPS, FDPIR, OR TANF for all of the children listed, follow these instructions:

Part 1A: List each child's name, school/center, age and/or grade.,

Part 1B: List the Food Stamp, FDPIR, and/or TANF case number.

Part 2: Skip this part.

Part 3: Skip this part.

Part 4: Sign the form. A Social Security Number is not necessary.

If you are applying for a FOSTER CHILD, follow these instructions:

Part 1A: List each child's name, school/center, age and/or grade.,

Part 1B: Skip this part.

Part 2: List the child's personal use monthly income, if any.

Part 3: Skip this part.

Part 4: Sign the form. A Social Security Number is not necessary.

Part 2A. If you are applying for a homeless, migrant, or a runaway check the appropriate box and call [your school, homeless liaison, or migrant coordinator].

ALL OTHER HOUSEHOLDS and for children the household does not get benefits for, follow these instructions:

Part 1A: List each child's name, school/center, age and/or grade,

Part 2: Skip this part.

Part 3: Follow these instructions to report total household income from last month.

Column A—Name: List the first and last name of **each** person living in your household, related or not (such as grandparents, other relatives, or friends). You must include yourself and all children. College students away at school may still be part of the household in some circumstances. If the student is counted in the household that student's income must also be included. Attach another sheet of paper if you need to.

Column B—Last month's income and how often it was received: List the types of income your household got last month and how often you got them. *Employment income:* List the **gross income** each person earned last month. It is not the same as take home pay. **Gross income is the amount earned before taxes and deductions.** It should be listed on your pay stub, or your boss can tell you. Next to the amount, write how often you got it (weekly, every other week, twice a month, or monthly).

Other Income: List the total amount each person got last month from **all other sources**. Include welfare, child support, alimony, pensions, retirement, Social Security, Worker's Compensation, unemployment, strike benefits, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), disability benefits, regular contributions from people who do not live in your household, and ANY OTHER INCOME. See sample below. For farm income, see the example on the back of the application. Next to the amount, write how often the person got it.

Column C—Check if no income: If the person does not have any income, check the box.

Part 4: An adult household member must sign the form and list his or her Social Security Number, or mark the box if he or she doesn't have one.

Part 3. Total Household Income from Last Month—You must tell us how much and how often

1. Name (List everyone in household)	2. Last month's income and how often it was received <i>Example: \$100/monthly \$100/twice a month \$100/every other week \$100/weekly</i>	3. Check if NO income
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Non-discrimination Statement: This explains what to do if you believe you have been treated unfairly. In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write to *USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington DC 20250-9410* or call 202-720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.

Privacy Act Statement: This explains how we will use the information you give us.

The National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve children for free milk. The Social Security Number of the adult household member who signs the application is required unless you list Food Stamp, FDPIR, or TANF case numbers for all children you are applying for, OR if you are applying for a foster child. You must check the "I do not have a Social Security Number" box if the adult household member signing the application does not have a Social Security Number. We WILL use your information to see if children are eligible for free or reduced price meals, to run the program, and to enforce the rules of the program. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into misuse of program rules. **CONFIDENTIALITY:** Section 9 (b) (2) (C) (iii) of the National School Lunch Act, as amended by section 108 of Public Law 101-448, authorizes release of free and reduced price school meal eligibility status for certain programs, such as Title I, administered by the South Dakota Department of Education.

ATTACHMENT C

NOTIFICATION LETTER FOR PRICING LUNCH/BREAKFAST AND SMP OPTION II

Dear _____:

Your application for free and reduced price meals (or free milk) for your child(ren) has been:

- ☐ Approved for free meals
- ☐ Approved for reduced price meals at _____ cents for lunch,
_____ cents for breakfast, and _____ cents for snack.
- ☐ Approved for free meals due to child being certified as migrant, homeless, or runaway
- ☐ Approved for free milk
- ☐ Denied for the following reason(s):
 - ☐ Income over the allowable amount
 - ☐ Incomplete application. The following
information is missing: _____

If you do not agree with the decision, you may discuss it with the school/center determining official, _____, at phone number _____. You also have the right to a fair hearing. The hearing official is _____ To request a hearing, call or write:

NAME & TITLE _____

ADDRESS _____

PHONE _____

Income or family size sometimes changes during the year. Effective July 1, 2004, the Child Nutrition and WIC Reauthorization Act of 2004 specifies households' eligibility for free and reduced price meals shall remain in effect beginning on the date of eligibility for the current school year and ending on a date that is no more than 30 days into the subsequent school year. This provision does not apply when the initial eligibility determination was incorrect or when the verification of household eligibility does not support the level of benefits for which the household was approved. In those instances, officials must make appropriate changes in eligibility. Additionally, this provision does not apply when a household is given temporary approval. It is no longer required that families report household income increases by more than \$50 per month (\$600 per year) or when your household size decreases. This also means if the child(ren) were approved for free meals based on eligibility for Food Stamps, TANF, or FDIPIR Commodities, the family does not have to report to the school food authority if those benefits are relinquished during the school year.

Sincerely,

(NAME OF DETERMINING OFFICIAL)

(TITLE)

Non-discrimination Statement: This explains what to do if you believe you have been treated unfairly. In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write to *USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington DC 20250-9410* or call 202-720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.

FOOD STAMPS: The Food Stamp Program provides nutrition assistance to people with low income. It can help you buy nutritious foods for a better diet. To find out more and to obtain information on how to contact the Social Services office in your area, call 1-877-999-5612.

CHIP: The Children's Health Insurance Program (CHIP) in South Dakota helps eligible families get free insurance for children under age 19. If you get free or reduced price meals, or are just over the guidelines for reduced price meals, and want more information about CHIP you should call the Department of Social Services in your county or call 1-800-305-3064.

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ATTACHMENT D
RESIDENTIAL CHILD CARE INSTITUTIONS ONLY.
PROTOTYPE FOR LISTING OF CLIENTS

NAME	DATE OF BIRTH	SOC. SEC. #	INCOME	SOURCE	DATE IN	DATE OUT	MISCELLANEOUS

Date of birth utilized in verifying age for program eligibility.

Social Security number required if available. If not available, write "not available."

Date In/Date Out--date client enters/leaves institution's care.

Intentionally left blank

ATTACHMENT E

The State Agency will send this release with eligibility guidelines to all local papers and the Department of Labor's Career Centers. Local agencies may provide additional information to the newspapers. Local agencies should also provide this information to any grassroots organizations that may assist in providing information relating to free and reduced-price meals.

If a layoff should occur that would require notice to the company, to Social Services or other organizations working with the displaced workers, this release should be used as a guide to provide information to the company. Also refer to numbered memo NSLP-66.

FOR IMMEDIATE RELEASE

FREE AND REDUCED PRICE MEALS FOR SCHOOL CHILDREN

PIERRE -- Child and Adult Nutrition Services in the South Dakota Department of Education has announced the policy for free milk or free and reduced price meals. The policy applies to children unable to pay the full price of meals or milk served under the National School Lunch, School Breakfast, and/or Special Milk Programs. The administrative office of each school that participates in the Lunch, Breakfast, and/or Milk Program has a copy of the policy that is available for review.

Children from families whose income is at or below the levels shown are eligible for free or reduced price meals. Children from families whose income is at or below the level shown for free meals may be eligible for free milk if the school participates in a federally funded pricing Special Milk Program. Families may apply for free or reduced price meals or free milk for their children for school year 2005-2006 according to guidelines effective July 1, 2005. Applications will be provided to all households by the local school.

Households that are currently on Food Stamps or Temporary Assistance for Needy Families (TANF) will receive letters indicating that their children are eligible for FREE school meals. These families SHOULD NOT complete an application for free meals. They should bring the letter or a copy of the letter to the school. Families receiving commodities through the Food Distribution Program on Indian Reservations (FDPIR) can request an Interagency Action Notice that can be brought to the school in place of an application to document eligibility for free meals. Children who are homeless, runaway, or from a migrant family may be eligible for free milk. Contact school for more information

Most foster children are eligible for free or reduced price meals or free milk regardless of the income of the household in which they reside. Households with a foster child should contact the school for more information on how to apply for the benefits.

To apply for free or reduced price meals, other households should fill out the application and return it to the school. An application must include the names of children for whom benefits are requested, all family members and their monthly income, and be signed by an adult household member with that person's social security number. Incomplete applications cannot be approved for free and reduced price meals. Additional copies are available in the school office. The information provided on the application is confidential and will be used for the purpose of determining eligibility status for school meals and Title I programs. If a household that receives food stamps, TANF, or FDPIR (commodities) does not receive the letter from Social Services or the Interagency Notice of Action or chooses not to bring it to school, the household should complete an application. An application from these households must include the names of children for whom benefits are being requested, the case number from their program, and the signature of an adult household member. Information on any application may be verified at any time during the school year by school or other program officials.

Applications may be submitted at any time during the year. If a household member becomes unemployed or if the household size changes, the family should contact the school. If a parent or guardian becomes unemployed, the children from that household may be eligible for free or reduced price meals or free milk during the time of unemployment if the household's income falls within the income eligibility guidelines.

If a parent or guardian is dissatisfied with the ruling on the application for eligibility, she/he may contact the determining official on an informal basis. If the parent or guardian wishes to make a formal appeal, an oral or written request may be made to the school's hearing official for a hearing to appeal the decision.

Some schools may choose to send a special notice about the Children's Health Insurance Program to households with the application. It provides a way for school personnel to know if families will allow them to use students' eligibility status for other program benefits. The decision whether or not a household is eligible for meal benefits or not is not affected by this form.

Children who get free or reduced price meals are treated the same as children who pay for meals. No child will be discriminated against in accordance with Federal law and U.S. Department of Agriculture policy. This institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (202) 720-5964 (voice and TDD). USDA is an equal opportunity provider and employer. If a child needs a special diet as prescribed by a doctor, the family should contact the local school's food service manager.

Below are the income scales to be used to determine an applicant's eligibility for free or reduced price meals if the family is at or below the guidelines.

Income Eligibility Guidelines: 2005 - 2006

	Annually	Annually	Monthly	Monthly	Weekly	Weekly
Household Size	Free	Reduced Price	Free	Reduced Price	Free	Reduced Price
1	12,441	17,705	1,037	1,476	240	341
2	16,679	23,736	1,390	1,978	321	457
3	20,917	29,767	1,744	2,481	403	573
4	25,155	35,798	2,097	2,984	484	689
5	29,393	41,829	2,450	3,486	566	805
6	33,631	47,860	2,803	3,989	647	921
7	37,869	53,891	3,156	4,491	729	1,037
8	42,107	59,922	3,509	4,994	810	1,153
For each additional family member, add	4,238	6,031	354	503	82	116

A sampling of connections to various websites for nutrition information and activities are available on the website for Child and Adult Nutrition Services. The web address is <http://doe.sd.gov/supportservices/>

Attachment F VERIFICATION AND ON-SITE MONITORING CALENDAR PLAN

Complete and return with the Combined Application (Part 1) for NSLP

SFA (Local Agency) Name: _____

1. VERIFICATION (See numbered memo NSLP-51.2)

Verification is required for any School Food Authority (SFA) that gathers applications for free and reduced price meals. Exempt SFAs are residential child care institutions that have no day students and those SFAs that are past the base year for special provisions 2 or 3.

☐ Our SFA is exempt from completing verification because

_____.

a. _____ Date applications to be verified will be selected.

b. _____ Date notices to households to be verified will be sent.

c. _____ Date responses due

d. _____ Date notices confirming or denying continued eligibility will be sent.

The person who will complete verification is

(name) _____

(position) _____.



2. ON-SITE REVIEW (See numbered memo NSLP-52)

On-site reviews are required annually at all SFAs that have more than one site where meals are served. The review issues covered by federal regulation deal with meal count systems; however, the SFA is encouraged to review other issues of importance, such as sanitation, school policies and procedures, customer service, and presentation of the meals.

☐ Our SFA is exempt from completing on-site reviews because

_____.

On-site reviews will be completed between the dates of _____
and _____.

The person who will complete the on-site reviews is

(name) _____

(position) _____.